

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on July 30, 2004

Tanya Parker
(Typed or Printed Name of Person Mailing Paper or Fee)

Tanya Parker
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. SUN-P5343

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**IN RE PATENT APPLICATION OF**

Radia J. Perlman

Serial No. 09/691,278

Filing Date: October 17, 2000

Title: METHOD AND APPARATUS FOR PROVIDING
A KEY DISTRIBUTION CENTER WITHOUT
STORING LONG-TERM SERVER SECRETS

)
Examiner: Callahan, Paul E.
)
Group Art Unit: 2137
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Technology Center 2100

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed July 22, 2004.
- A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and references.
- No additional claims fees are required.

An additional fee is required, and is calculated as shown below:

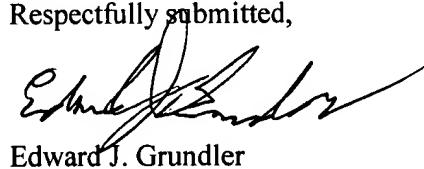
A MENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

A check in the amount of \$____ is enclosed.
 Charge \$____ to Deposit Account No. ____ (Docket No. ____).
 Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5343).

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Respectfully submitted,

By


Edward J. Grundler
Registration No. 47,615

Date: July 30, 2004



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Application Number : 09/691,278
Applicant : Radia J. Perlman
Filed : October 17, 2000
TC/A.U. : 2137
Examiner : Callahan, Paul E.

Confirmation Number: 4965

Docket Number : SUN-P5343-RSH
Customer No. : 22,835

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M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **July 22, 2004**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.